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PTO/SB/21 (6-98)  
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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

4

Application Number	09/621,894
Filing Date	July 20, 2000
First Named Inventor	Raymond Bontempi
Group Art Unit	2731
Examiner Name	Not Yet Known

Attorney Docket Number

MOT-D2149

### ENCLOSURES (check all that apply)

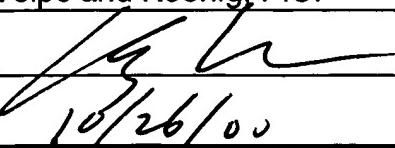
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):  <input type="checkbox"/> Request for Corrected Filing Receipt; and <input type="checkbox"/> A marked-up copy of the Filing Receipt.
Remarks		

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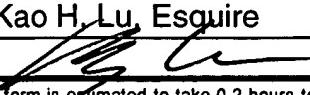
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kao H. Lu, Esquire Volpe and Koenig, P.C.	Reg. No. 43,761
Signature		
Date	10/26/00	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

October 26, 2000

Typed or printed name	Kao H. Lu, Esquire		
Signature		Date	10/26/00

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the **PATENT APPLICATION** of:

Raymond Bontempi

**Application No.:** 09/621,894

Our File: MOT-D2149

**Filed:** July 20, 2000

Date: October 26, 2000

For: RESERVATION /RETRY  
MEDIA ACCESS CONTROL

Group: 2731

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Examiner: Not Yet Known

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**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

Enclosed is a marked-up copy of the filing receipt for the above-identified patent application. Upon proofing, it was noted that the filing receipt was incorrect. There are two changes that need to be made.

With respect to the "DRAWINGS", replace "5" with --4--.

With respect to the "TOT CLAIMS", replace "19" with --20--.

**Applicant:** Raymond Bontempi  
**Application No.:** 09/621,894

**REMARKS**

Applicant respectfully requests that a corrected Filing Receipt be issued.

Respectfully submitted,

Raymond Bontempi

By   
Kao H. Lu, Esquire  
Registration No. 43,761  
(215) 568-6400

Volpe and Koenig, P.C.  
Suite 400, One Penn Center  
1617 John F. Kennedy Boulevard  
Philadelphia, PA 19103

KHL/amc  
Enclosure



O I P E C  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/621,894	07/20/2000	2731	690	MOT-D2149	5 4	10 20	3

24375  
VOLPE AND KOENIG, PC  
DEPT MOT  
SUITE 400, ONE PENN CENTER  
1617 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19103

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AM/PM

OCT 02 2000

**FILING RECEIPT**



\*OC000000005432340\*

VOLPE & KOENIG, P.C.

Date Mailed: 09/27/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Raymond Bontempi, Jamison, PA ;

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**Continuing Data as Claimed by Applicant**

DEC 12 2000

**Foreign Applications**

Technology Center 2600

If Required, Foreign Filing License Granted 09/27/2000

**Title**

Reservation/retry media access control

**Preliminary Class**

370

Data entry by : ZIMMERMAN, SHAUNA

Team : OIPE

Date: 09/27/2000



DOCKETED FOR 11/1/00 Request for corrected  
filing receipt

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Bib Data Sheet

CONFIRMATION NO. 4648

SERIAL NUMBER 09/621,894	FILING DATE 07/20/2000 RULE	CLASS 370	GROUP ART UNIT 2664	ATTORNEY DOCKET NO. MOT-D2149
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**APPLICANTS**

Raymond Bontempi, Jamison, PA;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/27/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

24375

**TITLE**

Reservation/retry media access control

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